MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 25 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to not to exceed 5 minutes, but in no event shall debate continue beyond 10:50 a.m.

The Chair recognizes the gentleman from Arizona (Mr. GRIJALVA) for 5 minutes.

HEALTH CARE EQUALITY AND ACCOUNTABILITY ACT OF 2003

Mr. GRIJALVA. Mr. Speaker, I rise today in support of legislation to improve the health of racial and ethnic minorities in our Nation, the Healthcare Equality and Accountability Act of 2003.

This act will offer Congress the opportunity to begin to close the health care divide and disparity that exists between Americans, a divide that cannot be ignored nor should it be tolerated. The irrefutable facts will be presented today for all of us to see. This disparity is real and this divide exists.

To ignore these facts is tantamount to perpetuating the dual system of health care in our country, separate and unequal, a dual system that too often denies to communities of color, Latinos, Native Americans, African Americans, and Asian Pacific Islanders, the health care access and quality that most Americans enjoy. This pattern of exclusion of people from quality health care is morally wrong and is a significant deterrent to the overall progress of our Nation.

Mr. Speaker, this legislation to address racial and ethnic health disparities in this country would do the following: it would set the elimination of racial and ethnic health disparities as a goal. The elimination of racial and health disparities can and should be a goal for all Americans. The health of all our communities is enhanced when we work to close the health care divide.

It would expand the health care safety net. The lack of health insurance and access to health services result in significant decline of the health status within racial and ethnic minorities communities in this country. The availability, quality, and affordability of health care coverage options and to provide meaningful access to health services must be expanded in cooperation with health care providers and employers in order to successfully address the divide of racial and ethnic health communities and their delivery of health services.

The other point that is, I think, very important for us to consider is that ensuring health care access is in compliance with the civil rights law. Title VI of the 1964 Civil Rights Act and its subsequent amendments provide crucial rights to individuals with limited English proficiency to access federally conducted and supported programs and activities. Limited English proficiency persons should not be inhibited from accessing vital health care services paid by them and their families in their tax dollars.

Finally, Mr. Speaker, I urge my colleagues to join me in endorsing this important bill. An action by Congress long overdue, if we have the will and resources to pursue international adventures—then we should have the same resolve here at home.

CLEARING THE PLATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Texas (Mr. DELAY) is recognized during morning hour debates.

Mr. DELAY. Mr. Speaker, all year the House has taken on major priorities with an eye towards policy, not politics. And all year we have delivered on our promises to the American people.

We have funded the liberation of Iraq, and now we are quickly turning the democratization of that nation over to its people.

We have reduced the income taxes for every American who pays them, and now the economy is growing and jobs are being created.

And now, after a long year of tireless work with colleagues on both sides of the aisle and both sides of Capitol Hill, the House is poised to meet the top two domestic challenges currently facing the American people: the need for improved health care for American seniors and the need for a comprehensive policy to reshape the consumption, delivery, and conservation of energy.

Now, in both cases we took the time to get the job done right. For instance, the Medicare bill does so much more than merely provide prescription drugs to American seniors, though that alone, frankly, is a monumental achievement. Instead, it strengthens and improves the underlying program, including competitive reforms that will preserve Medicare solvency and prepare it for the retirement of the baby boom generation. Rather than tacking on a new entitlement to an old one, as some advocated, we took on the fundamental problems of the 40-year-old Medicare system and made it a stronger and more flexible program for its diverse beneficiary base. In other words, we serve Medicare's customers, not its bureaucracies.

Mr. Speaker, we brought the same comprehensive approach to the energy mess the American people have been struggling through for over a decade. Our energy solution will increase production of energy and improve its delivery as befitting an Information Age economy.

Our energy solution will also reduce America's dependence on foreign oil, create jobs, spur economic growth, and protect against economic downturns. In both cases, Mr. Speaker, the time is right, the bill is good, the need is absolute, and the benefits are immense.

This week is why we were elected, to keep our promise and fulfill America's.

RACIAL AND ETHNIC HEALTH DISPARITIES

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentlewoman from California (Ms. SOLIS) is recognized during morning hour debates for 2½ minutes.

Ms. SOLIS. Mr. Speaker, today I rise to acknowledge a tremendous achievement in the efforts to address racial and ethnic health disparities in this country. With the dedication of the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), the gentleman from California (Mr. HONDA), and the gentleman from New Jersey (Mr. PALLONE), and with the guiding leadership of our leadership, the gentlewoman from California (Ms. PELOSI), as well as our Senate leaders, Senator DASCHLE and Senator KENNEDY, we have introduced a comprehensive bill to improve minority health.

Currently in our country, minorities endure a disproportionate burden of illnesses. Unfortunately, our health care system is not meeting the needs of all of its people.

Latinos, African Americans, Asians and Native Americans statistically outweigh nonminority whites in almost every disease, diabetes, cardiovascular disease, asthma, you name it.

For instance, diabetes is a chronic illness estimated to affect 18.2 million people in this year alone. Latinos are twice as likely to have diabetes than non-Latino whites and American Indians are more than twice as likely to be diagnosed with this debilitating disease.

Mr. Speaker, these diabetes trends are not isolated. One in four obese Latino children have early signs of type II diabetes; and in California alone, 66 percent of Latinos are overweight, which is higher than the national average.

Compound these health problems with the recently released census data showing that the rate of Latinos with health insurance was 32.4 percent in 2002. Here on this graph, it shows actually who the nonelderly noninsured are, including the ethnic and racial groups in the year 2002. Hispanics represent 30 percent; non-Hispanics represent 47 percent; Asian Pacific Islanders, 5 percent; and blacks represent 16 percent. This is a picture of those people who are working-poor that are uninsured.

The need for prevention is loud and clear, and we have to actively stop these rising trends in poor health care status. The Healthcare Equality and Accountability Act that we introduced

addresses these problem through inclusive and federally funded programs like Medicare and the State Children's Health Insurance Program, better known in California as Healthy Families.

Mr. Speaker, the bill will expand health insurance options through Medicaid to cover parents and pregnant women, young people up to the age of 20, which would help address the issues here outlined in the chart. It also gives the States the option to cover every resident living in poverty under Medicaid.

Another triumph in the bill is expansion of access to services by assisting health care professionals provide cultural and language services.

Mr. Speaker, I would ask for our colleagues on both sides of the aisle to adopt this legislation that we have put forward through the Tri-Caucus to help end the disparities and treatment of those that are still in our country that do not have any adequate health care.

Mr. Speaker, today I rise to acknowledge a tremendous achievement in the efforts to address racial and ethnic health disparities in this country.

With the dedication of my good friends Representative DONNA CHRISTENSEN, Representatives MIKE HONDA, Representatives FRANK PALLONE and the guiding leadership of Representatives NANCY PELOSI as well as our Senate leaders, especially Senators DASCHLE and KENNEDY, we have introduced a comprehensive bill to improve minority health.

Currently in our country, minorities endure a disproportionate burden of illness.

The community I represent is multicultural—about 60 percent of the residents are Latino and 20 percent are Asian American, and 40 percent of my constituents were born outside of the United States.

Unfortunately, our health care system is not meeting the needs of all people.

Latinos, African Americans, Asians, and Native Americans statistically outweigh non-minority whites in almost every disease—diabetes, cardiovascular disease, asthma, you name it!

For instance, diabetes is a chronic illness that is estimated to affect 18.2 million people in 2003.

However, Latinos are twice as likely to have diabetes than non-Latino whites and American Indians are more than twice as likely to be diagnosed with this debilitating disease.

But these diabetes trends are not isolated; over 1 in 4 obese Latino children have early signs of type II diabetes.

In California, 66 percent of Latinos are overweight, which is higher than the national average, and the highest percentage of any minority group.

Compound these health problems with the recently released Census data showing that the rate of Latinos without health insurance was 3.4 percent 2002.

Plus, over 87 percent of these uninsured are from working families.

That means one in three hard-working, taxpaying individuals in this country lack access to what is supposed to be the ''best'' health care system in the world.

The need for prevention is loud and clear—we have to actively stop these rising trends in poor health status, especially when our children are at risk.

The Healthcare Equality and Accountability Act addresses these problems through inclusive and guaranteed expansions in federally funded health programs, like Medicaid and the State Children's Health Insurance Program.

This bill will expand health insurance options through Medicaid to cover parents and pregnant women, and young people up to age 20.

It also gives states the option to cover every resident living in poverty under Medicaid. And it guarantees funding for the Indian Health Service, bringing much-needed health care to this overlooked population.

Another major triumph of this bill is the expansion of access to services by assisting health care professionals provide cultural and language services, and increasing federal reimbursement for these services.

There are over 47 million people, or 18 percent of the US population, that speak a language other than English at home.

Over one in three Latinos report difficulty in understanding a medical situation when it is not explained to them in their own language.

In places like my district that have such a high proportion of limited English proficient individuals, language barriers can mean the difference between health and illness, and even life and death.

Over the summer, the Minority Caucuses in the House convened a Tri-Caucus Health Forum in Los Angeles to discuss racial and ethnic health disparities.

It was expressed over and over again by community members, researchers and advocates that our public health infrastructure is failing our minority communities.

Without assuring access to culturally and linguistically appropriate public health programs, without monitoring and collecting data on racial and ethnic minorities, and without strengthening our health professional workforce and institutions, our minority families will continue to endure health disparities.

What we have on our hands is an American public health dilemma that requires a responsible public health approach.

At a time when public health reforms, like the revision of Medicare, are sweeping through Congress, our minority communities are at the mercy of an unpredictable and untrustworthy public health system that ignores their health needs.

Instead of creating a sound, guaranteed prescription drug benefit for our seniors, the current Medicare proposal does nothing to reduce the cost of health care.

The only thing the Republican Medicare bill will do is overwhelmingly burden our low-income seniors and minority communities.

We must enact responsible legislation that improves the health of minority communities, that recognizes specific minority health needs, and works to prevent disease rates from climbing in our minority communities.

Let's use our Minority Health bill as a model of how we can actively eliminate racial and ethnic health disparities in our communities nationwide.

A NEW ENERGY POLICY

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Michigan (Mr. SMITH) is recognized during morning hour debates for 5 minutes.

Mr. SMITH of Michigan. Mr. Speaker, this week we are taking up the energy bill, finally. As a member of President Nixon's Oil Policy Commission during the Arab oil embargo, I have long felt that not only we should, but we must do more to ensure domestic energy supplies.

After more than 2 years of negotiation, the House and Senate are poised to finally pass an energy bill, much overdue. The legislation will help make transmission networks more reliable to prevent the type of blackout that paralyzed us last August. It is going to reduce our dependence on foreign petroleum. It is expected to pass this week and become law, I predict, by Thanksgiving.

Over the long term, the United States must move away from its heavy reliance on petroleum for energy. As long as we consume 25 percent of the world's oil, while only possessing in this country 3 percent of the world's proven reserves, it will be nearly impossible to eliminate our dependence without alternatives.

American production is not going to substantially increase because this bill will not permit the development of our most promising new source of oil and natural gas in the Arctic National Wildlife Refuge because of fierce opposition. With opposition also to most offshore drilling as well, U.S. production is going to continue to fall. For lack of a better word, hostility against expanding our production in this country has been a major factor in production falling from 12 million barrels a day in 1970 to 8 million barrels a day now, a substantial reduction.

Conservation can help reduce petroleum consumption to some degree, but it cannot eliminate the critical need for new energy sources.

Mr. Speaker, a little bit of the good news: since 1970 our GDP has risen 147 percent while our consumption has only increased by 42 percent. The energy bill is going to help us do even better with the focus on more efficient appliances, electricity generation, increased automotive efficient; but as long as the economy continues to grow, conservation is only going to meet part of the need. It is very unlikely that it is going to lead to any reduction in total consumption.

As a result, the only real solution I think to our dependence on foreign energy lies in shifting consumption patterns away from oil towards other energy sources, and this is what this energy bill helps us do.

Where this bill shines is in its support for alternative fuels such as clean coal, ethanol, biofuels, renewable energies to make a shift away from petroleum possible.

Mr. Speaker, there are many talented people working on solutions attracted not just by government tax breaks and subsidies, but also the huge potential profit in store for an inventor who provides practical solutions to our energy